

Rehabilitation

CM Stonnington. Brain Injury. July (2001) Vol. 15 #7 p 561.

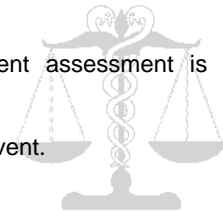
An editorial highlighting depression as an outcome following traumatic brain injury.

It is increasingly recognised that disability following injury accidents is only partially explained by physical outcomes. Full medical rehabilitation requires identification and treatment of psychological complications, where they occur. Psychological complications also impact of other aspects of rehabilitation.

A study of 722 patients with head injury referred for comprehensive outpatient assessment is highlighted. 76% were caused by RTA most had been unconscious.

DSM-IV criteria were used to assess psychological status 2.5 years after the injury event.

42% had major depressive disorder. Status prior to injury was not known.



Comment

Psychological sequelae of injury are often unrecognised. Other work of this kind generally finds psychological complications in around 20% of cases, where acute care is provided. High rates of post-incident loss of consciousness may account for the levels reported here.

Some aspects of post injury care (e.g. uncertainty of financial position, uncertainty of long term prognosis, delays in treatment, constant re-referrals etc.) may contribute to the negative effects of psychological harm on rehabilitation.

Methods for the identification of vulnerable cases have begun to be established but are not widely used. Treatments are available. Treatment should focus on the prevention of unnecessary chronicity.
